MAXIMUS Federal Services

| Case Number: | CM15-0141586 | | |
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| Date Assigned: | 07/31/2015 | Date of Injury: | 04/24/2015 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/15/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Emergency Medicine

## CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42-year-old female who sustained a work related injury April 24, 2015. While opening a bottom desk draw, she felt a pull in her lower back. She received medication and six sessions of physical therapy. A lumbar spine MRI was performed June 3, 2015 (report present in the medical record) and revealed a shallow disc bulge at L4-5 with leftward configuration; mild left lateral recess compromise; traversing left L5 nerve root, if clinically significant, would be affected. Mild right neuroforaminal narrowing related to posterior element degenerative change. No central canal stenosis; normal marrow signal and normal alignment. According to a primary treating physican's follow-up consultation, dated July 1, 2015, the injured worker presented with continued severe right lumbar radicular pain. Physical examination of the thoracolumbar spine revealed marked tenderness to the right of midline in the lower lumbar area. Range of motion demonstrates forward bending to 30 degrees, extension 10 degrees. Straight leg raise is positive on the right at 30 degrees. There is pain free range of motion of all joints of both lower extremities. Sensation is intact to light touch and pinprick throughout. Diagnosis is documented as right lumbar radiculopathy, secondary to L4-5 disc herniation. Treatment recommendations included a trial of lumbar epidural injections, prescribed medication and at issue, a request for authorization for Ketoprofen-Gabapentin-Bupivacaine-Baclofen-Cyclobenzaprine-Clonidine-Hyaluronic Acid.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Ketoprofen 10%, Gabapentin 6%, Bupivacaine 5%, Baclofen 2%, Cyclobenzaprine 2%, Clonidine 0.2%, and Hyaluronic Acid 2% 300g with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** As per MTUS guidelines, "Any compound product that contains a drug or drug class that is no recommended is not recommended." 1) Ketoprofen: Not FDA approved for topical applications. The use of a non-FDA approved application of a medication when there are multiple other topical NSAIDs is not medically necessary. Not recommended. 2) Gabapentin: Not FDA approved for topical application. No evidence to support topical use. Not medically recommended. 3) Bupivacaine: Only topical lidocaine is approved for neuropathic pain. Bupivacaine is only approved for injection for local or regional anesthesia. Use of a non-FDA approved product for unknown purpose is not recommended. 4) Baclofen/Cyclobenzaprine/ Clonidine/Hyaluronic acid: All of these medications are only FDA approved for oral use and is not approved for topical use. There is no evidence to support its use topically. This combination of medications has not been assessed for safety in topical applications. Provider has requested a dangerous mixture of medication in non- FDA approved applications for unknown reasons. This medication is potentially dangerous, not supported by evidence and is not medically necessary.